Fill	in this information	to identify your case:	1,00 3 11		7L Lnt	orod ()	2401/	Check one bo Form 122A-15	x only as directed in thi	s form and in
De	ebtor 1	Eugene	Chan Hui	Park				_	•	
		First Name	Middle Name	Last Name					no presumption of abu	
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name				of abuse a	ulation to determine if a policy will be made und	er Chapter 7
					D				t Calculation (Official F	,
Uı	nited States Bankr	ruptcy Court for the:	Easter	n District of	Pennsylva	nia	-		ans Test does not apply military service but it c	
_	ase number known)							Check if th	is is an amended filing	
									io io air arrieridea mirig	
Of	ficial Form	122A-1								
Ch	napter 7	Statement	of Your	Curren	t Mont	hly lı	nco	me		12/19
attac and oeca with	ch a separate shed case number (if kause of qualifying this form.	et to this form. Includ nown). If you believe	e the line number that you are exem plete and file <i>Stat</i>	to which the a	ndditional info	formation a of abuse b	applies ecaus	s. On the top of e you do not ha	ng accurate. If more so any additional pages, we primarily consume 707(b)(2) (Official Form	write your name debts or
1.		rital and filing status?								
		Fill out Column A, line		ath Oaksas A	and D. Para	0.44				
		our spouse is filing v our spouse is NOT fi	-			2-11.				
		the same household				olumn A a	ınd B. li	nes 2-11.		
	_			•					g this box, you declare	
	under pe		ou and your spous	e are legally s	eparated und	ler nonban	kruptcy	/ law that applie	s or that you and your	
10 va ex	01(10A). For exam aried during the 6 r	ple, if you are filing or months, add the incom	September 15, the for all 6 months	e 6-month per and divide the	iod would be total by 6. F	March 1 tl	hrough sult. Do column	August 31. If the not include an	le this bankruptcy case e amount of your mont y income amount more e nothing to report for a Column B	hly income than once. For
							Deb	tor 1	Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	es, salary, tips, bonus	es, overtime, and	commissions	(before all page	ayroll		\$5,416.67		
3.	 Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 							\$0.00		
4.								\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	pefore all deductions)		\$0.00						
	Ordinary and neo	cessary operating expe	enses	- \$0.00						
	Net monthly inco	me from a business, p	orofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2			<u> </u>		
		pefore all deductions)	,	\$0.00	DEDIOF 2					
	. `	cessary operating expe	enses	- \$0.00	-					
		- '		\$0.00		Сору				
	Net monthly inco	me from rental or othe	er real property	Ψυ.υυ		here →		\$0.00		
7.	Interest, dividend	ds, and royalties						\$0.00		

Debtor 1

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	First Name Middle Name	Last Name									
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse							
	8. Unemployment compensation		\$0.00								
	Do not enter the amount if you contend that the under	amount received was a benefit									
	the Social Security Act. Instead, list it here:	↓									
	For you	\$0.00									
	For your spouse										
	9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exceed on not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 of 10. Income from all other sources not listed above.	ept as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or diservices. If you received any in include that pay only to the extent y to which you would otherwise be other than chapter 61 of that title.	<u>\$0.00</u>								
	Do not include any benefits received under the received as a victim of a war crime, a crime ag domestic terrorism; or compensation, pension, the United States Government in connection w injury or disability, or death of a member of the list other sources on a separate page and put t	Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid by ith a disability, combat-related uniformed services. If necessary,									
	Total amounts from separate pages, if any.	+	+								
	 Calculate your total current monthly income. each column. Then add the total for Column A 		<u>\$5,416.67</u>	+	Total current monthly income						
Pa	art 2: Determine Whether the Means Test A	pplies to You			monthly moonic						
12.	Calculate your current monthly income for the year	Calculate your current monthly income for the year. Follow these steps:									
	12a. Copy your total current monthly income from lir	ne 11		Copy line 11 here →	\$5,416.67						
	Multiply by 12 (the number of months in a year		L	x 12							
	12b. The result is your annual income for this part of		Г								
	12b. The result is your armual income for this part of		12b.	\$65,000.04							
13.	Calculate the median family income that applies to										
	Fill in the state in which you live.	Pennsylvania									
	Fill in the number of people in your household.	1									
	Fill in the median family income for your state and siz To find a list of applicable median income amounts, g instructions for this form. This list may also be available		13. [\$67,676.00							
14.	How do the lines compare?										
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. Do NOT fill out or file Official Form 122A-2.										
	14b. Line 12b is more than line 13. On the top of p	page 1, check box 2, The presumption	of abuse is determined	by Form 122A-2.							

Go to Part 3 and fill out Form 122A-2.

Debtor 1

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By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Middle Name

Part 3:

Sign Below

X /s/ Eugene Chan Hui Park

Signature of Debtor 1

Date 07/01/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.